U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Pos	stmark		Date Received		Notification #						
I. Type of Notification	n (check one	e): 🗹 Oı	riginal	Revised	Cano	celed						
II. Facility Description												
Building Name: Interport Maintenance Buildings												
Address: 635 Delancy S	Street				07105							
City: Newark State: NJ Zip Code: 07105 County: Essex												
Site Location : Interport Maintenance Buildings #1 and #2												
Building Size (square feet): 10,000 S.F. each # of Floors: 1 Age in Years: 50+-												
Present Use: Interport Maintenance Buildings Prior Use: Interport Maintenance Buildings												
III. Type of Operation				mo Renovati	on Emergence	cy Renovation [Fire Training					
IV. Is Asbestos Presen	t? (check on	e): V Yes	☐ No									
V. Facility Informat			and the same of the same									
Owner Name: In			npany, Inc.									
Address: 635 De	elancy Stree	et		N.I.I.								
City: Newark				State: NJ Z								
Contact: Thomas					3-0370	Fax: (973) 263	-8587					
	Removal Contractor Name: Stanmark Contractors, LLC											
Address: 28 Eds	sall Drive											
City: Sussex			State: NJ Z		ip Code: 07461							
Contact: Marko S	Contact: Marko Stankovic			hone: (973) 864-2022		Fax: (973) 864-2205						
Other Operator (demolition/general): unknown												
Address:												
City:		State:			Z	Zip Code:						
Contact:				ohone: ()		_ Fax:						
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:												
Visual observation:			scopy util	izing the EP	A Bulk INTER	IM Method						
		J										
VII. Approximate Amount of Asbestos Materials:												
_		RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed						
				Category I	Category II	Category I	Category II					
Pipes (linear feet)												
Surface Area (square feet)	21,570 S.F.											
DESCRIPTION PRODUCT AND DESCRIPTION OF WHAT		21,570	J.F.									
Facility Components (cubic	e feet)	21,570	5.1.									
			Start:	unknown	Complete	e: unknown						
Facility Components (cubic	emolition or	Renovation:	Start:	unknown 04/18/16	Complete	unknown						
Facility Components (cubic VIII. Scheduled Dates Do IX. Dates for Asbestos	emolition or	Renovation:	Start:	04/18/16		unknown	Sunday					

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:							
Removal of asbestos containing materials utilizing WET Methods and HEPA Vacuums								
XI.		on of work practices and engineering controls to be and waste handling emission control procedures:	used to comply	y with the requiremen	nts, including asbestos			
	rea(s) will	be sealed off from adjacent areas with 6-m systems will be established	il poly, sheetii	ng, negative air filt	ration and			
XII.	Waste Tr	ansporter #1						
	Name:	Pro-Tech, LLC						
	Address:	85 Willow Street, Building 3, 3rd Floor						
	City:	New Haven	State:	CT	Zip Code: 06511			
	Contact:	Billy Torrello	Telephone:	(203)624-9463				
	Waste Tr	ansporter #2						
There	Name:							
	Address:							
	City:		State:		Zip Code:			
	Contact:		Telephone:	()				
XIII.	Waste Di	sposal						
	Name:	Minerva Landfill						
	Address:	9000 Minerva Road						
	City:	Waynesburg	State:		Zip Code: 44668			
,	Contact:		Telephone:	(330) 866-343	5			
XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)								
	1. Attach a copy of the Order to this notice.							
	 Name of Authority Issuing Order: Title: Authority of Order (Citation of Code): 							
		ate of Order (MM/DD/YY):		Date	Ordered to Begin			
XV.			ing information					
12.7	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)Date and Hour of the Emergency:							
	2. Description of the Sudden, Unexpected Event:							
	3. E	xplanation of how the event caused unsafe conditions	or equipment da	amage or an unreasona	able financial burden.			
XVI.		on of procedures to be followed in the event that up	nexpected RAC	M is found or non-fr	riable ACM becomes			
crumbled, pulverized, or reduced to powder. Building owner will be notified and material will be HEPA cleaned and wet wiped and placed in double, labeled 6-mil bags for disposal								
XVII.		hat an individual trained in the provisions of NESF						
		Demolition or Renovation, and evidence that the re available during normal business hours.	quired training	has been accomplish	ed by this person will be			
	•	Marko Stankovic						
			04/04/16	Marko Stanko				
		Signature of Owner/Operator	Date	Type or P	rint Name and Title			
XVIII.		ledge the existence of laws prohibiting the submiss contained in this notification are true, accurate, an		nisleading statement	s, and I certify that facts			
		Marko Stankovic	04/04/16	Marko Stanko	vic			
		Signature of Owner/Operator	Date		rint Name and Title			